

<b>Case Number:</b>	CM13-0021084		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	10/08/2007
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old female who fell and injured her back and right knee on 10/8/07. Her attorney filed an amended application for a continued treatment period for right lower extremity, back, head, psych, left knee, shoulders, sleep disturbance and sexual dysfunction. Her treatment to date has included: weekly psychotherapy/biofeedback since 2009 and multiple medications. The patient has been treated with the following medications: norco, medrox patches, tramadol, zoloft, atarax, zanaflex. This request is for 12 sessions of psychotherapy and medication management once every month.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Psychotherapy (12 individual sessions one time per week):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends behavioral interventions for the identification and reinforcement of coping skills in the treatment of pain, more so than ongoing medication or therapy, which could lead to psychological or physical

dependence. Initial therapy for at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Psychotherapy may be considered after 4 weeks if there is a lack of progress from physical medicine alone, with an initial trial of 3-4 psychotherapy visits over 2 weeks. If there is evidence of objective functional improvement, then a total of up to 6-10 visits over 5-6 weeks may be appropriate. It is clear that a total of up to 6-10 visits are in keeping within the guidelines. Therefore, 12 psychotherapy sessions exceeds that guideline and are not medically necessary.

**Medication management one time per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits; as well as the American Psychiatric Association Practice Guidelines, Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition.

**Decision rationale:** The California MTUS does not specifically address office visits for psychiatric medication management. The Official Disability Guidelines recommends office visits when they are medically necessary for the outpatient evaluation and management of patients. These visits play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The American Psychiatric Association Practice Guidelines state that when assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention. It is clear that this patient requires medication management for Zoloft, in addition to her other medications. However, the request does not specify a limit on the number of sessions nor the length of time for medication management to continue. The request implies that medication management would be indefinite. Because the request is phrased so as to ask for medication management with no clear limits, unlimited medication management is not medically necessary.